

NAVY/MARINE PHA

Patient Name: _____ DOB: _____ PCM: _____

*****PART 1 APPOINTMENTS: MONDAY-THURSDAY 0730-1100*****

COMPLETE IMMUNIZATIONS BEFORE LABS

The following must be completed prior to booking PART 2.

1. ☐ ONLINE QUESTIONNAIRE COMPLETE: <https://nmcpeh-web2.med.navy.mil/pls/newhra/hra>
MUST PRINT; login is your UIC
2. ☐ IMMUNIZATIONS (M, T, W, F: 0700-1600, TH 0700-1200)
3. ☐ LABS COMPLETED (LAB M- F: 0700-1530)
HIV (Q2Y)
FASTING REQUIRED 12 HOURS PRIOR: WATER ONLY DURING FASTING PERIOD
LIPIDS (male 35+, female 40+ Q5Y)
FASTING BLOOD SUGAR (40+ Q5Y)
4. ☐ VISION SCREENING: Q1Y
(PHYSICAL EXAMS M-TH: 0730-1100)

FEMALES ONLY (recommendation not a requirement prior to booking part 2)

6. ☐ CURRENT WELL WOMEN EXAM (21+ Q3Y)
7. ☐ CURRENT MAMMOGRAM (40+)